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ABSTRACT

This policy review presents the views and proposals of the United Nations Children's Fund (UNICEF) concerning development goals and strategies for the 1990s. A brief review of the previous development decades in the first section is followed by an overview of the evolution of the situation of children in the 1980s. The third section summarizes the unmet needs of children, including those related to critical poverty, mortality, maternal health, nutrition, water, sanitation, education, and children in especially difficult circumstances. The fourth section discusses goals for the year 2000. In the fifth section, the report suggests strategies for meeting the goals. Strategies for reaching the goals proposed for the year 2000 include a commitment to environmentally sound and sustainable development policies, construction of the necessary economic base for meeting human needs, the reaching of unreached and hard-to-reach populations, advocacy and social mobilization, and the empowerment of women for development. The sixth section suggests ways in which the goals and strategies should be adapted to the different country and regional realities. The seventh section reports UNICEF executive board recommendations. The report proposes that the development of human capabilities and the process of meeting basic human needs should be the underlying themes of the Fourth United Nations Development Decade. (RH)

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STRATEGIES FOR CHILDREN IN THE 1990s

UNICEF

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A UNICEF POLICY REVIEW

STRATEGIES FOR CHILDREN IN THE 1990s

UNICEF

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New York, N.Y., USA

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CONTENTS

		Page
	SUMMARY	5
I.	**BACKGROUND**	7
II.	**EVOLUTION OF THE SITUATION OF CHILDREN IN THE 1980s**	13
	Children in industrialized countries	16
III.	**THE UNMET NEEDS OF CHILDREN**	19
	Critical poverty	19
	Mortality	19
	Maternal health	20
	Nutrition	20
	Water and sanitation	20
	Education	20
	Children in especially difficult circumstances	21
IV.	**GOALS FOR THE YEAR 2000**	23
	The foundation of development: children first	24
	Major goals for child survival, development and protection	25
	Specific and sectoral goals	26
	Maternal health	26
	Child health	27
	Nutrition	28
	Safe water supply and environmental sanitation	29
	Basic education	29
	Children in especially difficult circumstances	30
	Goals for children in industrialized countries	31
	The Convention on the Rights of the Child	32

V. STRATEGIES FOR MEETING THE GOALS FOR THE YEAR 2000 33

Country- and region-specific targets 33

Going to scale 34

Reaching the unreached and hard to reach 35

Advocacy and social mobilization 35

Empowering women for development 36

Building an economic base for meeting human goals 37

Alleviation of critical poverty 37
Debt relief 37
Trade and commodity agreements 38
Increased resource flows 38
Growth in the industrialized countries 39

Development with a human face 39

Sustainable development and the environment 40

Monitoring and evaluation 41

VI. PROCESS OF STRATEGY FORMULATION 43

Participation in the preparatory process for the Fourth UN Development Decade 43

Regional and subregional consultations 44

Country-specific consultations 44

VII. UNICEF EXECUTIVE BOARD DECISION 1989/5 47

SUMMARY

This Policy Review presents the views and proposals of the United Nations Children's Fund (UNICEF) for development goals and strategies for the 1990s, the proposed Fourth United Nations Development Decade (DDIV). The proposals have been derived from an analysis of the experience of earlier development decades, recommendations of several international commissions and conferences, and the medium and longer term plans and perspectives of various United Nations agencies, including UNICEF.

The proposed goals and strategies reflect the thinking of UNICEF as to how the needs of children should be addressed in an international development strategy. These do not necessarily constitute an agenda for UNICEF as such. As UNICEF is one among many other actors involved in promoting the development and well-being of children, the scope of its actions must necessarily be more limited than the wider range of goals proposed for the international community in this paper. The proposed goals and strategies, approved by the UNICEF Executive Board, will therefore constitute the broad framework for children and development which will be used for consultations with Governments and other partners in development as well as serving as the UNICEF contribution to the work of the UN in constructing the international development strategy for the 1990s.

A follow-up report to the Executive Board at its 1990 session will present the Executive Director's proposals for a UNICEF operational strategy to help implement some of these goals and strategies in which UNICEF feels it can make a particular contribution.

Following a brief review of the past development decades in section I, an overview of the evolution of the situation of children in the 1980s is presented in section II. Section III summarizes the unmet needs of children which sets the context for the goals for the year 2000 in section IV. The report then goes on in section V to suggest some strategies to achieve the goals and, in section VI, suggests how these goals and strategies should be adapted to the different country and regional realities.

The report proposes that the development of human capabilities and meeting basic human needs should be the underlying theme of the Fourth UN Development Decade. It is further suggested that the survival, development and protection of children should be both a means and an end of a strategy of development with a human face.

Several strategies are outlined to reach the ambitious goals proposed for the year 2000. These include a commitment to environmentally sound and sustainable development policies, building the necessary economic base for meeting human needs, reaching the heretofore unreached, advocacy and social mobilization, and empowerment of women in development.

I. BACKGROUND

In its resolution 1988/17 (E/ICEF/1988/13), the Executive Board requested the Executive Director to present to the Board's 1989 session "a report on the goals, targets and elements of a global strategy for the well-being of children as an essential part of overall development", and a subsequent report to the 1990 Board session that would include both the global strategy for children and a UNICEF operational strategy for the 1990s. The Board also recommended that UNICEF work with countries and Governments directly, and at regional and sub-regional level, to prepare these strategies which, together with the process of their preparation, would allow UNICEF to provide input to the formulation of an international development strategy for the proposed Fourth UN Development Decade: 1991-2000.

Pursuant to that resolution, the Executive Director held consultations with senior staff, both at headquarters and in the field, to arrive at the present report. In the process, UNICEF was guided by the Executive Board's favourable review of the ideas contained in the report of the Executive Director, "Children in a global context: Restoring momentum for human development in the 1990s" (E/ICEF/1988/2, Part I); the Medium-term plan for the period 1987-1991 (E/ICEF/1988/3), which contained a section on goals towards the year 2000, and the 1988 *State of the World's Children* report.

In preparing this report, UNICEF also benefited from and drew on the goals enunciated in the "Talloires Declaration" of the International Task Force on Child Survival and Development; the views of WHO/UNICEF Joint Committee on Health Policy (JCHP), the review of the International Drinking Water Supply and Sanitation Decade (IDWSSD), the planned UNESCO/World Bank/UNICEF international conference on Education for All by the Year 2000, and UN General Assembly resolutions 42/186 and 42/187 on the "Environmental Perspective to the Year 2000 and Beyond" and other recommendations contained in the report, "Our Common Future", issued by the World Commission on Environment and Development.

A REVIEW OF SELECTED GOALS AND ACHIEVEMENTS OF THE FIRST, SECOND AND THIRD UNITED NATIONS DEVELOPMENT DECADES

GOALS				ACHIEVEMENTS			
First development decade	Second development decade	Third development decade	Indicator	1960	1970	1980	1985/86
HEALTH AND NUTRITION ■							
Accelerate elimination of hunger	Improve nutrition	Eliminate hunger and malnutrition	Population with less than 90% of required calorie intake: (Developing countries minus China)		580M	730M	
Accelerate elimination of disease	Mount a world-wide effort to eradicate one or more diseases	Immunization by 1990			Smallpox eradicated 1977		
	Establish a health services infrastructure for prevention, treatment and health promotion	Primary health care: Essential drugs Education of parents Immunization Environmental health	Immunization of children under-one (%):				
			BCG			31	75*
			DPT3			27	67*
			Polio3			24	68*
			Measles			18	61*
			Tetanus toxoid (for women) (China not included in 1981)			14	39*
	Safe water supply coverage target to be specified by each country	Safe water and sanitation for all by 1990	Access to water (%):				
			Urban		65	73	74
			Rural		13	32	42
		Life expectancy of 60 plus	Life expectancy (years):				
			LICs	41	48	57	61
			LICs (excl. China and India)	41	44	48	52
			Middle-income countries	50	55	60	63
		IMR of poorest less than 120 by 1990 and IMR in all countries less than 50 by 2000	IMR:				
			LICs	165	127	94	69
			LICs (excl. China and India)	163	150	130	106
			Middle-income countries	126	104	80	65

Notes:
BCG: anti-tuberculosis vaccine
DPT3: three doses of combined diphtheria/pertussis/tetanus vaccine
excl.: excluding
GDP: gross domestic product
GNP: gross national product
IMR: infant mortality rate
LICs: low-income countries
ODA: overseas development assistance
OECD: Organisation for Economic Co-operation and Development

*1988

GOALS				ACHIEVEMENTS			
First development decade	Second development decade	Third development decade	Indicator	1960	1970	1980	1985/86
EDUCATION ■							
Accelerate elimination of illiteracy	Substantial reduction illiteracy	Eradication or considerable reduction of illiteracy	Literacy (%):				
			LICs	34	45	52	
			LICs (excl. China and India)	23	29	36	
			Middle-income countries	48	48	65	
	Universal primary enrolment by 1990	Universal primary enrolment by 2000	Primary enrolment (gross)(%):				
			LICs	80	86	93	99
			LICs (excl. China and India)	38	59	70	67
			Middle-income countries	75	87	100	104
		Free education at all levels					
		Non-formal education					
		Equitable access to education					
ECONOMY ■							
	Increase flow ODA 1% of GNP by 1972	ODA 0.7% by 1985 and 1% thereafter	ODA (%):				
			OECD GNP %	0.51	0.34	0.37	0.35*
				(1960/70)	(1970/80)	(1980/86)	
GDP growth of 5%	GDP growth of 6%	GDP growth of 7%	GDP growth (%):				
			LICs	4.4	4.6	7.5	
			LICs (excl. China and India)	4.4	3.5	2.9	
			Middle-income countries	5.9	5.6	2.3	
	Growth of manufacturing 8%	Growth of manufacturing 9%	Manufacturing growth (%):				
			LICs	5.5	3.7	11.2	
			LICs (excl. China and India)	6.3	3.6	4.8	
			Middle-income countries	7.3	6.4	2.5	
	Growth of agriculture 4%	Growth of agriculture 4%	Agriculture growth (%):				
			LICs	2.2	2.2	4.9	
			LICs (excl. China and India)	2.7	2.2	2.0	
			Middle-income countries	3.5	2.9	2.3	

Based on GA Resolutions 1710 (XVI) United Nations Development Decade, 2626 (XXV) International Development Strategy for the Second United Nations Development Decade and Resolution 35/56 International Development Strategy for the Third United Nations Development Decade. Figures are based on World Bank and UNICEF sources.

*1987

The goals and strategies recommended in this report will serve, among other uses, as the UNICEF input to the Fourth UN Development Decade. Thus, it would be appropriate to briefly review the experience of the previous UN Development Decades to draw some conclusions and lessons for the future.

An overview of the goals and achievements of the First, Second and Third UN Development Decades, especially in areas of direct relevance to children, is presented in table 1.

Concern for social development (as can be inferred from the table) has become more prominent in the successive development decades, with the later decades specifying quantitative targets that had been mentioned only as general statements in the preceding decade.

Although, in contrast to economic development, the targets for social development were fairly general during much of the First and the Second Development Decades, the progress attained by most developing countries was actually far more significant than their achievements in the economic field, when compared to the historical experience of the industrialized countries. For example, for developing countries as a whole, between 1950 and 1987, infant mortality, a sensitive indicator of health, nutrition and education, dropped from 188 to 80 per 1000 live births. It had taken the industrialized countries more than 100 years to accomplish a similar reduction when they were at the corresponding level of development a century ago. Similar progress was achieved by developing countries in increasing life expectancy, literacy, and school enrolment rates.

On the economic side, however, the picture is more sombre. Whereas each successive development decade projected increasing growth rates for gross domestic product (GDP), agriculture, manufacturing and savings, the actual results for the developing countries as a whole have been markedly below the targets in all of these areas in each consecutive decade.

The Third Development Decade in particular has been a traumatic experience for many developing countries, especially in Africa and Latin America. Only the newly industrializing economies in East and South-East Asia had an annual output growth of 7.6%, just above the 7% target of the Third Decade, while growth in the least developed countries was actually negative. Per capita income fell by some 20% between 1980 and 1985 in Sub-Saharan Africa, the result of economic recession, a continuous fall in commodity prices, a mounting debt burden, drought, pestilence, war and famine. The heavily indebted developing countries of Latin America also suffered a decline of over 10% in their GDP in the first half of the 1980s. A large drop in imports

on an attempt to generate substantial surpluses with exports to pay off foreign debt, at a time of falling commodity prices and restricted markets, contributed considerably to low or negative growth figures. The lower per capita income in most developing countries at the end of the Third Development Decade was partly a cause but also a consequence of slow growth in the industrialized countries. This took the form of reduced markets and depressed prices for many primary export products, high real interest rates and a decline in net available external financial resources. In the absence of international solutions of a long-term structural nature, the case-by-case treatment made many of the economic goals of the International Development Strategy unreachable, even for those countries which showed great ingenuity in their economic management.

The economic decline led to reductions in tax revenues and in government spending as part of adjustment packages. An analysis of government expenditure for 57 countries in the first half of the Third Development Decade shows that real health expenditure per capita declined in nearly half of the African, two thirds of the Latin American, and one third of the Asian countries. Also real per capita government expenditure on food subsidies declined in eight out of the ten countries for which comparable data could be found.

The effects of declining expenditure on health and nutrition have become increasingly visible in the second half of the 1980s. In several countries, the historical trend in decline in infant mortality rates has stopped or slowed down, and the incidence of malnutrition has increased.

Similar trends have been noted for education. In two thirds of the developing countries for which adequate data are available, real public expenditure per primary school pupil has dropped in the period 1980-1986, while in most countries private expenditure on education has also declined. The result has been a decline in primary school enrolment in a number of African and Caribbean countries, a trend inconceivable some years ago. The quality and efficiency of education is another casualty of this economic crisis.

The deteriorating economic situation, with its threat to reverse the unprecedented progress made in the situation of children over the three post-war decades, led to a search for innovative ways of doing more for less. The 1980s saw some remarkable innovations in providing low-cost, high-impact services for children which have kept hopes alive for improving the situation of children even in these dark times of painful adjustment to economic recession and austerity.

II. EVOLUTION OF THE SITUATION OF CHILDREN IN THE 1980s

As evident from the preceding analysis, in the 1980s, children were caught between two opposing and powerful trends.

On the one hand, there was a sharp decline in the economies of much of Africa, Latin America and the Caribbean, which led to cuts in social sector spending and economic adjustments that often left poor urban and rural communities in a state of extreme vulnerability. Even in some industrialized countries, a relatively large segment of the population was deprived of the safety net of social security and, as usual, a disproportionate number of these were children and mothers.

On the other hand, several developing countries of East Asia made rapid progress in the 1980s towards joining the ranks of the newly industrialized economies, a process marked by impressive improvements in the social conditions for children. China and India, which account for approximately 50% of the developing world's population, also experienced a marked acceleration in economic performance which had a positive influence on the well-being of children on a global scale. Nonetheless, the number of people in absolute poverty still remains staggering, especially in India and its neighbouring countries in South Asia.

The decade of the 1980s started auspiciously for children following the great enthusiasm generated during the International Year of the Child (IYC) in 1979. As a result of IYC, an unprecedented level of interest was focused on issues concerning the survival, development and protection of children throughout both the developing world and the industrialized countries. Problems facing children were analyzed in all countries, and plans of action at national, sub-national and sectoral level were formulated in most countries. New legislation to protect children was passed in many nations.

In the developing countries, two innovative policy thrusts, the Basic Services strategy pioneered by UNICEF in the mid-1970s, and the Primary Health Care (PHC) approach which was endorsed a WHO/UNICEF-sponsored international conference at

Alma Ata in 1978, gave a major boost to services for children. The Basic Services strategy called for providing a set of convergent services to children using appropriate technologies and community-based para-professional personnel. PHC refined the Basic Services strategy in the health field by empowering communities to take care of their basic health needs with the help of a trained community health worker, backed up by a referral system. Moreover, PHC emphasized a multi-sectoral approach, recognizing that health is not just the absence of disease, but a state of general human well-being best attained through a combination of preventive, curative and promotive health care. In 1981, WHO adopted the global strategy of "Health for All by the year 2000", with PHC as the key approach for its achievement. This was further strengthened by the inclusion of specific goals for the Expanded Programme on Immunization (EPI) and water supply and sanitation for all by 1990, which form important parts of PHC.

While basic services and PHC were major advances over the more traditional, sectoral approaches to development of earlier decades, the global economic recession of the early 1980s threatened their large-scale implementation. Conscious of the need to accelerate action for the protection of children, the UNICEF Executive Board in 1983 endorsed a child survival and development (CSD) strategy. Born out of the experience gained in the application of basic services and PHC, the CSD strategy sought to accelerate mass implementation of several low-cost, but highly effective interventions. These included growth monitoring, oral rehydration therapy (ORT), breastfeeding and immunization, along with a renewed emphasis on food supplementation, family (child) spacing and female literacy. It was hoped that these highly "do-able" interventions would help save the lives of millions of children, prevent crippling disabilities and help attain the goals set for the Third Development Decade, including the reduction of 1980 infant mortality rates (IMR) by half or to 50 per 1,000 live births, whichever was less by the year 2000. These interventions were also intended to be practical steps towards strengthening the infrastructure of PHC.

Progress achieved thus far through the CSD strategy has been encouraging. Specific CSD actions in the 1980s have saved the lives of an estimated 7 million children and have protected the health and growth of an even larger number. Immunization coverage of children increased from less than 10% in 1980 to some 60% in 1988, saving an estimated 1.5 million lives annually by 1988. The incidence of polio has been reduced considerably in the last decade, raising the hope that the disease itself would soon be eradicated. Oral rehydration therapy against diarrhoea, the number one killer of children in developing countries, was preventing nearly a million child deaths a year by 1988. Breastfeeding has made a spectacular comeback in many industrialized countries, though the trend towards its rapid decline has yet to be reversed in most developing countries.

These and other successes on the child health front have demonstrated the potential of combining technological breakthroughs, such as the more heat-stable vaccines and the "invention" of ORT, with social mobilization involving the participation of mass media, religious groups, community organizations and others, to generate political will and strengthen action for children by putting issues concerning child health and development high up on the political agenda.

Progress in the area of safe drinking water and sanitation, which have a direct bearing on women's workload and children's health, has been considerably below the ambitious targets set for the decade. Clean water has been made available to an additional 700 million people and sanitation to another 480 million since 1980, but the majority of the developing world's population still lacks these basic necessities. Still, remarkable progress has been achieved in such populous countries as China, India, Pakistan and Nigeria, and the cost of water and sanitation has been drastically lowered through improved hand-pumps, rainwater catchment devices and sanitary latrines, which use simple technology and local materials and are, therefore, easy to build and maintain locally.

Much has been learned about controlling such micronutrient deficiency diseases as anaemia, xerophthalmia, goitre and cretinism, which kill or debilitate millions of children, although actual achievement in overcoming them has lagged behind what is medically, technically and economically feasible. Nevertheless, the experience and achievements of the 1980s have been encouraging enough to estimate that some of these diseases can be eradicated in the next decade.

In the area of basic education and literacy, the number of children enroled in schools and adults made literate in the 1980s was impressive, but economic difficulties and rapid population growth have largely offset these gains, especially in Africa, Latin America and South Asia. Progress has been much slower for girls and women.

Increased attention was given to protecting children in especially difficult circumstances in the 1980s and innovative activities were initiated to provide essential services to "street children", especially in Latin America. Child immunizations were carried out in Afghanistan, Lebanon, El Salvador, Sri Lanka and Uganda in the midst of continuing conflicts. The international community has become increasingly sensitive and responsive to the needs of children in man-made and natural disaster situations.

Despite some of these impressive achievements, the 1980s was also a decade of lost opportunities for the children of most developing countries. Modest improvements in the social sector took place against a background of economic recession,

particularly in Africa and Latin America. The recession, combined with falling commodity prices, rising external debt and worsening terms of trade, actually slowed the rate of social progress in the 1980s compared to prior decades.

A major instrument of economic policy introduced in the 1980s to bring about a greater balance in the economy was the concept of "structural adjustment". As originally practised, most adjustment and stabilization policies often led to a short-term worsening of the situation of the poor as wages were frozen, food subsidies abolished, and social services benefiting the poor drastically curtailed. The concept of "adjustment with a human face" was elaborated in response to this crisis. This type of adjustment calls for more expansionary macro-economic policies, the use of well-targeted meso-policies to secure the priority use of scarce resources to meet the needs of vulnerable groups, sectoral policies aimed at raising the productivity of small-scale rural and urban producers, restructuring public expenditure in favour of low-cost basic services, special support programmes for vulnerable groups, and monitoring the human situation during the adjustment process. The increasing acceptance of these policies has broadened support for poor children and their families during the worst phases of economic difficulty and decline.

Children in industrialized countries

In some developed market economy countries, the 1980s saw lower income groups become worse off than in earlier decades as a result of economic restructuring. Given reduced social service funding, the children of single-parent families and immigrants have been placed in a particularly disadvantaged position (single-parent families now constitute 10-15% of all families in OECD member countries). However, efforts were made to address the growing poverty, exemplified by the European Community's programmes to combat poverty and to tackle the particularly difficult circumstances faced by minorities, immigrants and their children by offering bilingual instruction in schools and courses in their cultures of origin.

In general, maternity leave and benefits improved over the 1980s, and a few countries have introduced paternity leave. Legislation has been adopted to provide special protection to handicapped and abused children. Efforts have also been made to protect children through improved traffic safety. With regard to maternal and child health, breastfeeding made a remarkable comeback in industrialized countries and on the whole, industrialized countries continued to make progress in reducing IMR, under-five mortality rates (U5MR) and other social indicators. Awareness of and support for prenatal care and investment in early child development have grown consider-

ably, although actions and achievements in that area are still inadequate in many countries. An encouraging recent sign is that the situation of children has begun to figure more prominently on the political agenda and media coverage.

The centrally planned economy countries of Europe have long given social development – especially health and education – a high priority, and services for children and mothers are generally well organized. However, after rapid progress in earlier decades, these countries too experienced a slow-down in the rate of progress in such areas as infant mortality and life expectancy. Sluggish economic growth and reliance on highly institutionalized forms of service delivery may have inhibited these countries from taking advantage of some of the more innovative, non-formal methods of social services delivery in the 1980s. The evident political will for greater openness and appreciation of the need for economic restructuring bodes well for the adoption by these countries of innovative ways of addressing issues concerning the situation of children in the 1990s. These countries have much to gain – and to contribute – in exchanging experiences with other countries regarding the provision of essential services to children and mothers.

III. THE UNMET NEEDS OF CHILDREN

Children are faced with the interrelated problems of grinding poverty, environmental degradation and neglect of their right to survival, development and protection. The Fourth Development Decade must target the fulfillment of these unmet needs as its highest priority. While some of these needs are not easily quantifiable, and data for others is not always reliable, the following statistical overview is presented to depict the magnitude of problems that must be tackled.

Critical poverty

Approximately 155 million children (or 45% of children under-five in the developing countries, excluding China) are living in absolute poverty. About 40 million of them live in urban areas, and about 115 million in rural areas. Many of the problems described below are symptoms as well as causes of this widespread poverty. The solution to such problems will mitigate some of poverty's consequences and contribute to the eradication of poverty itself by enhancing human capacities.

Mortality

Some 14 million children aged under-five die every year in developing countries. The major causes of these deaths, many of which are attributable to multiple causes and therefore cannot be fully overcome by interventions against just the principal cause are diarrhoea and related causes (4 million deaths), EPI target diseases (3 million deaths), malaria (3 million deaths), acute respiratory infections (ARI), excluding measles (2 million deaths), and typhoid, meningitis and other childhood diseases (2 million deaths). The overwhelming majority of these deaths are preventable by health measures that are potentially within the reach of all communities while some 3 million become seriously disabled from vaccine-preventable diseases. Yet, despite recent progress, nearly half of the children under one year old are not fully immunized against the six target EPI diseases, and while half of the children have access to oral rehydration salts (ORS), only about 20% are actually treated with ORS.

Maternal health

Less than 60% of births in the developing countries are attended by trained health personnel, and approximately 500,000 women die each year from causes related to pregnancy and child birth, leaving over 1 million young children motherless. Less than half the married women of child-bearing age have the family planning knowledge to enable them prevent unwanted pregnancy.

Nutrition

About one third of all people in developing countries do not obtain sufficient energy to allow an active working life. About 40% of children under-five suffer from protein-energy malnutrition. About 20% of the infants in these countries are born with low birth weight (weighing 2,500 grams or less). Some 40% of women of child-bearing age and half of the children under-five suffer from nutritional anaemia. Approximately 500,000 children under-five lose their sight every year because of vitamin A deficiency. Within a few weeks of becoming blind, two-thirds of these children die. Some 800 million people in the world are at risk of iodine deficiency disorders (IDD), and 200 million have actually developed goitre. Some 3 million people – mostly children – suffer from cretinism, a debilitating disease causing both mental and physical retardation.

Water and sanitation

Nearly half the children in the developing world have no access to clean drinking water. Two thirds of the children do not have adequate sanitation. In rural areas, the situation is much worse than these national averages.

Education

Approximately 100 million children in developing countries, 20% of children of primary school age, do not attend school. Of those who attend, one third drop out before completing four grades of schooling. There are some 900 million illiterate adults in developing countries, two thirds of whom are women.

Children in especially difficult circumstances

Some 20% of children under age 15, fall into the category termed "especially difficult circumstances", victims of armed conflicts, natural disasters and the breakdown of traditional family support mechanisms. The number of such children, whether they are abandoned street children, orphans, or living in with a single parent, has been increasing in recent years. The world now has some 25 million to 30 million refugees and displaced persons, the majority of whom are children.

The above are some of the most pressing physical problems of children. Overcoming these problems is essential for their survival, development and protection, but more is needed to enable them to lead lives with full human dignity and in ways that are culturally fulfilling, socially rewarding and intellectually stimulating. For this, children's needs must also extend to other areas of human endeavours, if they are to be enabled to enjoy a quality of life that not only meets the bare necessities for survival but allows them to develop their full potential. Such needs are elaborated in the draft UN Convention on the Rights of the Child. It is hoped that these "needs" will truly be recognized as "rights" in the decade of the 1990s.

IV. GOALS FOR THE YEAR 2000

The fact that so many basic needs of children, not to mention their essential human rights as reflected in the draft convention, remain unfulfilled is a testimony to how the development of human capabilities has been neglected in the past three decades of conscious development planning in most developing countries. An assessment of past experience and an analysis of future prospects suggest that the development of human capabilities and meeting basic human needs should be a principal goal of the Fourth Development Decade, which should reaffirm that people are both the means and end of development. Many societies with similar development potential, based on their natural resources, have developed very differently because of differences in their human capabilities. It is, in the final analysis, human capital, human institutions, human values and skills that determine the level and pattern of development.

An emphasis on human development would bring about a greater balance in development planning, both at national and international level, which in the past has been largely preoccupied with macro-economic indicators such as GNP, savings, investment, trade or sectoral production goals in agriculture, industry, transport, etc. There are many examples of countries that have a high economic growth rate without a corresponding decline in poverty, large stocks of food reserves and food exports that coexist with high levels of malnutrition, staggering external debt and aid without any visible progress in the standard of living. From this, it is clear that fulfilment of basic human needs does not simply result from economic growth. Nor can it easily be induced by economic growth. Realizing this, a growing number of development planners and practitioners have concluded that the fulfilment of basic human needs – and empowering people with the knowledge to do so – must become a central goal of development, for which economic growth and the building of infrastructure can serve as the means.

Empowering people with knowledge and resources to meet their basic needs would imply that the success or failure of a development plan would be measured in terms of its contribution to such factors as reducing hunger and malnutrition, extending life expectancy and reducing death rates among children and adolescents, access

to health services, adequate shelter and sanitary living environment, access to basic education, and provision for religious and cultural expression and political participation.

Fortunately, fairly reliable and universally accepted indicators exist to measure progress in most of these areas. The levels and rates of change of infant and child mortality, life expectancy, literacy, family size, nutrition, shelter and access to water and sanitation are among these indicators. What is needed is to ensure that these indicators are regularly collected, analyzed and made available to decision makers to ensure effective monitoring and course correction to achieve planned targets.

The foundation of development: children first

Children should be the starting point of an international development strategy that emphasizes human development, since, after all, it is the children whose individual development and social contribution will shape the future of the world. A wise investment in children's health, nutrition and education will lay the foundation for future growth and development and bring above-average returns on national investment. On the other hand, neglecting children's basic survival, development and protection needs will condemn them and their society to high societal costs and the vicious cycle of poverty, deprivation and underdevelopment. A young child's growing mind and body is susceptible to permanent damage from which there is no second chance to recover.

Fortunately, technological breakthroughs, the communication revolution, the social mobilization potential and the political commitment for the use of low-cost, high-impact interventions in MCH, nutrition, water supply and sanitation and basic education make it both possible and desirable to formulate development strategies which put children at the centre of human development and the latter at the centre of all development.

For example, the capacity has existed since the beginning of the 1980s to prevent over 100 million child deaths in the final two decades of the century and to prevent an equal number of children from being physically or mentally disabled. In the process, an even larger reduction in the number of child births might also be achieved, as historically sustained declines in child mortality are followed by even greater declines in fertility, with parents gaining confidence in their ability to ensure the survival of their first children. At the same time, prospects for universal basic education and literacy, water and sanitation and drastic reduction of malnutrition by the end of the century are now also within reach.

The challenge for the International Development Strategy during the 1990s should be to strengthen the emerging global ethic that large-scale premature death, disability and lack of opportunity for development, when readily available preventive actions can be taken, are as unconscionable as slavery, colonialism and racism. The 42-year history of UNICEF parallels and has contributed to the emergence of a world ethic that no longer permits millions of children to perish in sudden emergencies of drought, famine or earthquakes, but demands a quick and adequate response from people and Governments. Incorporating survival, development and the protection of children as a principal goal of the Fourth Development Decade would add a new moral injunction to development that no longer accepts the silent emergency of avoidable death, disablement and underdevelopment. This should be seen as both a moral imperative and as part of a strategy of making a sound investment in the coming generation in order to sustain long-term socio-economic development.

Major goals for child survival, development and protection

The principal objective of development should be to allow the survival, development and protection of today's children through sustainable development that also protects the environment for future generations. This objective can be reached using a) a set of targeted development goals aimed specifically at overcoming the worst manifestations of poverty through the enhancement of human capabilities, b) the careful design of development projects sensitive to environmental protection, and c) the adoption of measures such as those proposed in the draft UN Convention on the Rights of the Child which provides a legal as well as moral basis for the protection of children.

While environmental considerations and legal and moral safeguards are pursued in the very design of development programmes and social legislation, the following are proposed as the major goals for child survival, development and protection in the 1990s in pursuit of the principal objective of development mentioned above – overcoming poverty through the enhancement of human capabilities:

i) Reduction of IMR and U5MR in all countries by 50%, or to 50 and 70 per 1,000 live births respectively, whichever is less;

ii) Reduction of the maternal mortality rate (MMR) by 50% and, after the achievement of these goals, the continued reduction of infant, child and maternal mortality rates by at least 3.5% annually;

iii) Virtual elimination (less than 1%) of severe malnutrition and a 50% reduction of moderate malnutrition;

iv) Universal access to safe drinking water and eradications of guinea worm by 1995 in affected countries;

v) Universal access to sanitary means of excreta disposal;

vi) Universal basic (primary) education for children and accelerated adult literacy programmes, especially for women;

vii) Improved protection of children in especially difficult circumstances.

These goals will first need to be adapted to the specific realities of each country with appropriate means to reach them also depending on each country's circumstances. To reach the IMR/U5MR goals, for example, the epidemiology of the major fatal diseases must be identified. These could range from diarrhoeal diseases in one country, malaria in another, to vaccine-preventable diseases in some and ARI or the spreading scourge of AIDS in others. Similarly, to provide basic education for all, the emphasis will be on formal primary education in most countries, whereas in others, non-formal education may be emphasized or a special emphasis may be placed on early child stimulation at the pre-primary level which is proven to enhance the quality and efficiency of primary education.

A valuable tool in empowering parents with the knowledge to save their children's lives and protect their health and growth will be *Facts for Life*, the joint WHO/UNESCO/UNICEF publication. Designed for adaptation by any health education or literacy programmes, dissemination of the publication's simple messages could greatly help in reaching the above goals.

Specific and sectoral goals

While leaving room for country-specific adaptation, it is generally suggested that the following specific targets be considered for all countries.

Maternal health

Maternal health and nutrition are the key determinants of the health and well-being of the child in early infancy. Half a million maternal deaths each year and the precarious nutritional situation of girls and women are just two of the many pointers calling for specific actions in at least the following areas:

i) Special attention must be given to the health and nutrition of the female child, since poor health and nutrition in childhood will have dangerous consequences for her as a mother and, then, for her offspring;

ii) Access to information and services for child spacing for couples, but especially for women, is also of crucial importance, as studies show that as many as 25% of all infant and maternal deaths could be prevented by well-timed births;

iii) Tetanus toxoid (TT) vaccination is also necessary for all women at risk, yet at present, TT coverage of women in developing countries as a whole is only 22%, less than half the coverage for the major childhood inoculations, and needs to be increased dramatically by, among other means, starting vaccination among school-age girls.

iv) Finally, maternal health and the general socio-economic status of women will be enhanced by universal primary education, with special emphasis on the female child, a high female literacy rate and other educational and training opportunities, underscoring how human development is both a means and an end of all development.

Child health

The epidemiology of diseases responsible for the most prevalent causes of mortality and morbidity and the relative cost-effectiveness of the interventions will be the basis for determining country-or region-specific child health interventions with a view to attaining the IMR and U5MR reduction goals stated earlier and giving children a healthy start in life. However, the common minimum goal for all countries should be:

- Eradication of polio;
- Elimination of neonatal tetanus;
- Reduction of measles deaths by 95% and reduction of measles cases by 90%, compared to 1980 levels, thus paving the way for the eradication of measles early in the next century;
- Immunization coverage of at least 80% of children under one year of age against DPT, tuberculosis, measles and polio (until its eradication is confirmed);

- Reduction of diarrhoeal deaths in children aged under-five by 70% and of the diarrhoea incidence rate by 25%;

- Reduction by 25% in deaths due to ARI in children under five, compared to the 1980 level.

Nutrition

Much has been learned in the past decade about how to combat the three major causes of malnutrition: ignorance, infections and inadequate food intake. The attainment of some of the health and education goals proposed for the 1990s will greatly contribute to reducing malnutrition. The major nutritional goal of the Fourth Development Decade is the virtual elimination of severe malnutrition and the reduction by 50% of moderate malnutrition. To that end, the following additional goals are proposed:

- Reducing the rate of low birth weight infants (2.5 kg or under) to less than 10%;

- Enabling all women to breastfeed their children exclusively for four to six months from birth and to continue breastfeeding, with complementary foods, well into the second year;

- Virtually eliminating IDD;

- Virtually eliminating blindness and other consequences of vitamin A deficiency;

- Although not quantified yet, a principal goal in nutrition must be the wide-scale dissemination of knowledge of increasing food production, with emphasis on high-yielding, nutritious crops, combined with policy reorientation favouring agrarian reform, credit schemes and extension services for small farmers, including women, to ensure adequate household food security;

- Growth promotion through regular monitoring of children's growth is another goal of vital importance to child health and nutrition. Growth promotion is a powerful tool which should be institutionalized to reach a majority of children and families as the centre piece of PHC/Nutrition in all countries by the end of the 1990s. It is an instrument for making the health and nutritional well-being of the child visible to parents and health workers and empowering them to take timely preventive, curative and promotive actions.

The inter-agency food and nutrition surveillance (IFNS) programme supported by the Food and Agriculture Organization of the United Nations (FAO), WHO and UNICEF has proposed birth weight, weight-for-age of children under five, and height-for-age of children entering primary school as the three core indicators for monitoring the growth and development of children. As measured by these indicators, growth promotion is a worthy goal of development in itself and a sensitive indicator of the efficacy of health and nutrition interventions.

Safe water supply and environmental sanitation

Clean water and safe sanitation are not only basic to human health and well-being but also, in many societies, contribute significantly to freeing women from the arduous chore of fetching water from long distances. The supply of clean drinking water promises to help eliminate many water-borne diseases, including dracunculiasis, the guinea worm disease, which debilitates millions of people in Africa and Asia. Based on the many innovative, simple, low-cost techniques of providing water and sanitation in rural areas and urban shanty towns, it seems feasible to propose the following specific goals:

- Universal access to safe drinking water;
- Universal access to sanitary means of excreta disposal by the year 2000;
- Elimination of guinea worm disease by 1995.

The first two goals were already part of the International Water Supply and Sanitation Decade (1981-1990), but proved too ambitious. However, the experience gained indicates that achievement of these goals by the year 2000 is feasible. The third goal -elimination of guinea worm disease- is directly dependent on universal access to safe drinking water in the affected areas.

Basic education

"Basic education for all by the year 2000" is recognized as the counterpart to the movement for "Health for All", which, with PHC as the leading edge, has gained considerable momentum in the 1980s. Having learned from earlier not so successful attempts at universal primary education and literacy, many Governments, NGOs and several international agencies are now preparing for a major new initiative in this area. It now appears feasible that universal coverage in basic education (90-95% of the relevant age group of children) can be reached by the year 2000 through a combination of formal schooling, non-formal education and other equivalency programmes.

The high rate of economic return on investment in primary education, its contribution to better health, productivity and enlightened citizenship justifies making universal basic education a major priority for the Fourth Development Decade. What requires particular emphasis is the need to reorient priorities in both national plans and external cooperation to give far higher priority to education relative to other sectors, and, within education, a shift of emphasis in support of primary education as compared to the secondary and tertiary levels. The quality and relevance of education must also be strengthened to counteract the inadequacy in these areas that is often responsible for low enrolment, high desertion and overall inefficiency of the educational system.

Functional literacy, particularly for women, has emerged as another crucial goal for the 1990s. Attaining a high rate of female literacy by the year 2000 (around 80% of adult women between the ages of 15 and 35-45 years, as determined in each country) is considered both essential and feasible to meet and sustain all other socio-economic goals of the decade.

Physical as well as psychosocial development and stimulation of the preschool age child through appropriate health, nutrition, psychomotor and cognitive development interventions has a significant impact on the child's educational attainment and overall integral development. Low-cost, family-based approaches reaching underprivileged communities have been pioneered in many countries. Investment in such schemes has yielded such high benefits in health, nutrition and education that early child development is emerging as the precursor to all other development. A major effort in this area deserves to be a priority goal for the 1990s.

Children in especially difficult circumstances

Having survived their infancy, many children in developing countries, and quite a large number in the industrialized countries as well, find themselves in a situation of neglect, abandonment and exploitation. Such is the case with "street children", refugee children, children who are victims of war and natural disasters, orphans, disabled children, and youth trapped into the bondage of prostitution and drug abuse. Many innovative ways of dealing with problems of such children have been pioneered in recent years. Notable examples include programmes for the protection and development of street children in Latin America, the concepts of "corridors of peace" or "days of tranquility" which have allowed cessation of hostilities to permit immunization and provision of other health services to children in conflict areas, creation of ombudsmen to protect the rights of children, and many community-based actions to promote the well-being of children facing especially difficult circumstances. There is growing awareness of and sensitivity to children in such circumstances and strong support for action to remedy their situation. The 1990s should see concerted efforts to

find more effective and innovative ways to help children already in such circumstances and to tackle the root causes which created the situations in the first place. Religious groups, NGOs and the media play a vital leadership role in this area.

Goals for children in industrialized countries

In the past, international development strategies, including those for children, have generally not dealt with the situation of children in industrialized countries (both in the Western market economies and the centrally planned economies of Eastern Europe). During IYC, much analysis had been done and plans were formulated to tackle the problems of children in these countries. It is opportune, therefore, in this 10th anniversary year of IYC, to review the situation of children in these countries and to include them in formulating strategies for the 1990s.

Industrialized countries should also aim at meeting all of the development goals listed for the 1990s. Contrary to popular perception, many industrialized countries have not attained universal immunization. Furthermore, many of these countries have a long way to go to meet some of the goals being proposed for developing countries in terms of literacy rates, children born with low birth weight, prevalence of breastfeeding, perinatal care, early childhood development and prevention of child abuse.

In particular, industrialized countries should aim at reducing the differences between certain groups within their countries so that all can lead socially and economically fulfilling lives free of major diseases or disabilities.

Affordable child care should be universally available, especially to low-income families, to promote the development of children and to increase employment, training and recreation opportunities for parents. For the children of ethnic minorities and immigrants, special efforts should be made to secure that they are as well-equipped to lead an active and productive life in adolescence as the children of the national majority, in terms of general school achievement, vocational training and access to employment.

In order to improve the general well-being of people in developed countries, efforts should be made to promote positive health behaviour. In particular, serious efforts should be made to secure the health of the unborn child by encouraging pregnant women to avoid illicit drugs and the harmful effects of smoking and alcohol consumption.

Besides the functional literacy and numeracy skills required for life in a complex urban industrial setting characterized by rapid technological changes, development education should be emphasized in the curricula of schools in industrialized countries. This teaches children to be aware of the problems of developing countries, the interdependence of nations in the modern world, how to protect the environment and how to build a future that is humane, peaceful and just.

The Convention on the Rights of the Child

The tenth anniversary of IYC in 1989, is likely to be marked by the adoption of the UN Convention on the Rights of the Child. All of the goals of child survival, development and protection that are part of the strategy for children in the 1990s are inherent in the Convention. It is, therefore, fitting that the ratification of the Convention and the implementation of the strategies for children in the 1990s should be seen by Governments as mutually reinforcing acts. Increasing popular awareness of the contents of the Convention and its assimilation into the national legislations of all countries by the year 2000 constitute an important element of the strategy of development with a human face.

V. STRATEGIES FOR MEETING THE GOALS FOR THE YEAR 2000

The goals for the year 2000 enumerated in the previous section are certainly ambitious but feasible. In the 1980s, child immunization coverage increased from less than 10% to over 60% within a period of eight years, ORT, once practically unknown is now familiar to the majority of parents, and many countries, in the Middle East and North Africa for example, are reaching their target of reducing IMR by 50% within this decade. These achievements clearly demonstrate that dramatic improvements in the situation of children are possible. Increased use of low-cost, high-impact technologies of proven effectiveness, combined with massive social mobilization and an emphasis on reaching the heretofore unreached will make it possible to reach the goals for children in the 1990s and, it is hoped, surpass them.

Country- and region-specific targets

The goals, as stated in the previous section, are what might be termed international goals of minimum acceptable social indicators levels, applicable to all countries. It is expected that many countries will exceed these goals, set higher standards and earlier deadlines. For example, although the global goal is to eradicate polio by the year 2000, it is hoped that the Americas region will have accomplished this by 1990. The Middle East region, it is hoped, will have achieved IMR reduction goals by 1990, 10 years ahead of the global goal. The countries of the Caribbean have set 100% coverage (not 80%) as their goal for universal child immunization (UCI) and have pledged to eradicate measles from the subregion by 1995. The definition of universal access to safe drinking water varies and often means one to two kilometres or 15 to 30 minutes walking distance from home. Depending on the country situation, such regional or country-specific variations are not only legitimate, but highly desirable, if the goals for the 1990s are to be taken seriously.

Adaptation of global goals to specific countries and regions is crucial to ensure technical and logistical feasibility and to secure financial backing and political support necessary to realizing these goals. If goals are formulated through a process of con-

sultation with Governments, relevant NGOs, the media and other social organizations, the chances of mobilizing these groups for the implementation of the goals will be greatly enhanced.

In recent years, there have been some good examples of development goals formulated through regional consultations. In 1986, heads of Government of the South Asian Association for Regional Cooperation (SAARC) approved a range of human goals for the 1990s covering health, education, water supply and other basic services for children. In 1988, heads of State of the Organization of African Unity (OAU) endorsed a proposal by their health ministers to launch the "Bamako Initiative", a major programme to provide universal PHC for women and children, by providing essential drugs while ensuring the self-financing and sustainability of MCH services. Similarly, senior public health officials of Latin America, meeting in Mexico in 1988, issued "the Cocoyoc Declaration", in support of the CSD goals proposed in the "Talloires Declaration". Goals and targets agreed at such regional meetings by leaders with authority to assign priorities and allocate resources are likely to have a much greater chance for implementation than compromise formulas negotiated at much more diffused international conferences. Hence the need for active regional, subregional and country-specific debate and action in determining the goals for the Fourth Development Decade.

Going to scale

The 1980s demonstrated that many programmes related to the human goals for the 1990s lend themselves to mass application at national levels. Therefore, there is less need to concentrate on small-scale pilot projects in the 1990s as was the case in earlier decades. The challenge of the 1990s is to disseminate what has already been learned from pilot projects in earlier decades to a scale that can lead to universal coverage of most of the basic services for human development.

There is, of course, always room for innovation and refinement of strategies already known to work. Work on such innovation and refinement deserves support and attention, but it should not detract from large-scale implementation of proven services. In other words, the search for the best for tomorrow should not delay the implementation of the "do-able" today. As UNICEF has often emphasized, the survival, development and protection of children is a task that often cannot wait for tomorrow, without causing irreparable damage to the mind and body of today's children.

Reaching the unreached and hard to reach

As coverage of services reaches the majority, it becomes increasingly difficult to reach the last 15-20% of the population who live in remote, inaccessible areas or in overcrowded urban shanty towns, often the poorest of the poor and the most vulnerable. The difficulty of reaching them and the sometimes relatively high marginal cost of providing services to them has often deterred and discouraged development workers. In any development scheme that puts human well-being at the centre of the development strategy, a high priority should be assigned to reach the unreached or hard to reach.

Just as the least developed and landlocked countries should receive special attention from the international community, so should reaching the poorest communities be a priority of national development. It is, after all, among the poorest 25% of families that problems of malnutrition, ill health, child deaths, maternal mortality, illiteracy and low productivity are concentrated. It is, therefore, not enough to state global goals in terms only of national averages. As part of reaching national goals, some subregional goals should be specified so that no sizeable administrative unit, ethnic, racial or gender group is left out. The need of such underprivileged, sub-national target groups should command a significant share of the investment available for development.

Advocacy and social mobilization

None of the major CSD achievements in the 1980s, the immense acceleration in immunization coverage, ORT, family planning services or literacy programmes, could have been accomplished by sectoral government departments alone. It has taken the mobilization of many organizations, most of them previously uninvolved, to bring these developments to the doorsteps of the masses. The active participation of NGOs, the school system, churches and mosques, artists and intellectuals, labour unions and peasant cooperatives, women's movements and neighbourhood associations, using the communications channels offered by newspapers, radios and television made it possible to reach families that had never been reached by conventional government services. Such massive mobilization is crucial, not only in offering alternative delivery channels for essential services, but more importantly, in creating awareness of and the demand for such services.

Creation of popular awareness of, demand for and the participation in human development programmes will create its own momentum for the rapid fulfilment of the human goals for the 1990s. In developing countries, politicians will have to respond to an assertive constituency, scientists and technologists will be persuaded to orient their research to meeting human needs, and public support for development cooperation

will be generated in the industrialized countries. In the absence of such social mobilization and the creation of alliances and partnership for children and human development, the goals of the Fourth Development Decade will remain a promise unfulfilled.

In the 1980s, there has been an unprecedented level of involvement of the highest levels of political leaders in CSD actions. Many heads of State or Government and parliamentarians on all continents have personally participated in national vaccination campaigns. SAARC and OAU heads of States have made collective declarations of their commitment to CSD. Similar efforts must be made in the 1990s to keep children's needs high on the political agenda.

Empowering women for development

In the past decade, the primacy of women in much of the development process has been acknowledged and supported in various international meetings and declarations. It is well known that the women of the developing world are responsible for producing and marketing most of its food crops and bear the main responsibility for food preparation and home making, the supply of water and fuel, nutrition and health care, hygiene and education of the young. Women are the de facto heads of household in many families, particularly in situations characterized by migration from rural to urban areas or when families are displaced by armed conflicts or natural calamities. Women are also increasingly taking up employment in the modern sector of the economy. Yet, in far too many development programmes, most of the education and training, the technology and inputs, credits and investment are targeted to men, not women.

To bridge this gap between the recognized role of women in development and their neglect in actual practice, it is essential that women receive equal access (sometimes even preferential access) to education, training, credit and other extension services. In particular, investment in female education, safe motherhood, income-generating activities and labour-saving devices of particular relevance to women, such as more fuel-efficient methods of cooking and less labour-intensive ways of preparing food and fetching water and fodder, should be regarded as among the most productive investments in social and economic development. Empowering women for development should, therefore, be both a means and an end.

Building an economic base for meeting human goals

It will be difficult to sustain progress in human development without restoring the forward momentum of economic development. As the experience of the 1980s has shown, social advances cannot move for any sustained period in a direction opposite that of economic developments. The long-term viability of social development and, indeed, the meeting of the human goals for the 1990s will be contingent upon significant progress on at least several fronts.

Alleviation of critical poverty

The achievement of the social and human goals listed in section IV could go a long way towards mitigating many of the worst manifestations of critical poverty. It is equally important, however, that other more traditional indicators of economic development – growth rates of GDP, agricultural and industrial output, trade and transport, employment and housing – should be planned so that they contribute not only to a certain average national growth, but, specifically, to reducing critical poverty. All economic development programmes should be explicitly tested for their possible impact on reducing critical poverty.

In the past, too many projects have been justified on the basis of often unsubstantiated claims that in the long run they will contribute to reducing poverty. While the long gestation period of many projects is recognized, development plans should show how a given project will contribute to reducing critical poverty or mitigating its consequences within the foreseeable future. For this purpose, the international development strategy for the Fourth Development Decade should encourage all countries to set specific poverty reduction goals within a specific time-frame.

Debt relief

With external debt exceeding $1.3 trillion dollars and annual repayments of interest and principal amounting to more than the total of all new aid and loans being received each year, it is inconceivable for developing countries (especially those in Africa and Latin America) to build the necessary economic foundation to meet the human goals for the 1990s. Some form of significant debt relief is, therefore, a precondition for these countries to join the international consensus on meeting human goals. Many proposals for debt restructuring and relief are currently under consideration, including a modest "debt relief for child survival" proposal from UNICEF. Agreement and action on these proposals would facilitate realistic planning and implementation of the Fourth Development Decade.

Trade and commodity agreements

The developing world as a whole still depends on raw materials for the majority of its export earnings. But in the last 10 years, prices of their principal export commodities (including fuels, minerals, jute, rubber, coffee, tea, oils, fats, sugar and timber) have fallen by approximately 30%. Meanwhile, protectionist trade barriers, development of synthetic substitutes, and weak economic growth in the industrialized nations have further reduced their export earnings. A major restructuring of international trade patterns and preferences appears to be on the horizon for the 1990s, with the emergence of a unified European market, the United States-Canadian trade pact, the new trade and economic links between the developed market economies and the centrally planned economies, and the efforts to resolve the massive trade and budget deficits in some countries and surpluses in others. As this restructuring takes place, favourable trade policies and commodity prices for the exports of developing countries must be secured if they are to regain the economic vitality needed for sustainable human development.

Increased resource flows

The decade of the 1980s has witnessed a clear deterioration in both the quality and quantity of official development assistance (ODA). In quantitative terms, the ODA target of 0.7 % of GNP by 1985 and 1% thereafter has not been met. On average, ODA has actually stagnated at around 0.35% of GNP since the 1970s. Even this has been achieved thanks to the rising aid contribution of four European countries, which have met or surpassed the ODA target of the Third Development Decade, while the average ODA of several of the larger donor countries has declined. The overall record of development cooperation in the last three decades stands in marked contrast with the much higher percentage of resources mobilized for the reconstruction of Europe and Japan as part of the Marshall Plan from 1948-1952.

There has also been a deterioration in the quality of ODA with over half of all bilateral aid tied to procurement in the donor countries, less than 25% of all aid given to the 40 least developed countries, less than 15% going to agriculture, less than 11% to education, and less than 5% to health and family planning combined.

This overall deterioration in the quantity and quality of development cooperation reflects not only the hard economic times facing the industrialized countries, but also the disillusionment felt by the public and in the press in both industrialized and developing countries with the ineffectiveness of aid. A new focus on measurably eradicating the worst aspects of absolute poverty, as proposed with the human goals for the 1990s, could well arouse greater public support for development cooperation in both donor and recipient countries.

Development cooperation in the 1990s should aim to increase not only ODA, but to target it more precisely to the poorest countries and, within those countries, to the poorest segments of the population in programmes that increase their income and enhance their human capabilities.

Growth in the industrialized countries

The international development strategies of the past development decades have not specifically dealt with goals and targets in the industrialized countries, with the exception of ODA targets and some trade-related provisions. It is clear however that poor or unbalanced economic performance by the industrialized countries directly impinges upon the aid, debt and trade issues affecting developing countries. The economic future of the developing world, therefore, depends upon balanced and substantial economic growth in the industrialized countries if it is to find markets for its goods, aid for its development and relief for its debt. Reciprocally, economic growth in developing countries would create markets for the exports of the industrialized nations, and enable developing countries to pay their debt, thus creating an upward spiral, easing out the global economic problems of the industrialized countries.

Therefore, the development strategies for the 1990s must address the need for growth-oriented structural adjustments in both the North and the South.

Development with a human face

The need for "structural adjustment" of economies that are out of balance is now universally accepted. It is also increasingly recognized, that, too often, it is the poorest segments of the population that carry the heaviest burden of economic adjustment. In the early 1980s, it was assumed that the negative repercussions of adjustment were unavoidable, but recent studies, including some by UNICEF, have demonstrated that it is possible, and, of course, highly desirable, to design adjustment packages that protect the poorest families and their children by improving their productivity and incomes, by maintaining well-targeted food subsidies and expanding PHC. Obviously, this imposes difficult choices on policy makers: between services which are of concern to the richer and more powerful sections of society, such as major city hospitals, universities and national airlines, and those that are for the poor, such as immunization programmes, primary schools and subsidized public transport. The choice is not between adjustment or no adjustment, it is between adjustment aimed solely at balancing budget and trade deficits and adjustment that also seeks to protect the poor and the vulnerable and enhance their productivity.

Even tougher choices will face the leaders of both industrial and developing countries in pursuing not just adjustment but development policies with a human face in the 1990s. The resolution of regional conflicts, progress in arms reduction by the super-powers, the growing universal concern with the degradation of the environment and support for human rights, including children's rights, will undoubtedly prompt policy debates on issues that were considered too sensitive for public debate in the past. Thus, trade-offs involving military expenditures, capital flights and protection of the environment could well become explicit issues, determining development policies in the 1990s.

The widening gap between what is technically and financially feasible in terms of low-cost, high-impact solutions to the most pressing problems of children and what is actually being accomplished, points to enormous opportunities for action in the 1990s. While material and financial resources continue to be limited, the ratio of resources to results can be vastly improved. Several examples of impressive achievements in CSD by countries that faced extraordinary odds in the 1980s, indicate that much can be achieved with the right combination of technical skills, social mobilization and the necessary political will and vision. Lessons of these experiences should be used in formulating development strategies with a human or, perhaps, a child's face, in the same way that the painful experiences of structural adjustment in the early 1980s led to the growing acceptance of adjustment policies with a human face.

Sustainable development and environment

The preponderence of man-made disasters, the drought of the Sahel, the floods of Bangladesh which resulted from deforestation, soil erosion and the silting of rivers, industrial disasters such as the Bhopal and Chernobyl tragedies, the depletion of the ozone layer, the spectre of the "greenhouse effect" and acid rain have all shown how mankind is ruining the environment irreparably in the pursuit of development. As the Brundtland Report, "Our Common Future", argues, it is impossible to separate economic development issues from environmental issues. Many forms of development erode the environmental resources upon which they must be based, and environmental degradation undermines the sustainability of development.

Therefore, in pursuing the human development goals for the 1990s, the approaches used must protect the environment and remedy the damage already done. Since short-term national or local gains can have a long-term negative effect on the environment, the international development strategy must ensure that environmental considerations are an intrinsic part of development planning and not an afterthought.

A human environment characterized by high rates of morbidity, mortality and fertility is not conducive to sustainable development. The CSD goals proposed for the 1990s seek to improve this environment by combating disease and malnutrition and by promoting education. This contributes to lowering infant mortality as well as fertility, which are among the major causes of the vicious cycle of poverty and environmental degradation.

Given their relatively low use of capital resources and high reliance on social mobilization, community participation, appropriate technology, the programmes designed to reach the human goals of the 1990s appear to be compatible with, and supportive of, environmental protection. However, each one of them needs to be tested against an explicit set of criteria for sustainability and environmental soundness. Children have the greatest stake in sustainable development. Their survival, development and protection depends on it and from their point of view, all development strategies must meet the needs of the present generation without compromising the ability of future generations to meet their own needs.

Monitoring and evaluation

If human goals are to be central in measuring the performance of the Fourth Development Decade, we must be able to monitor changes in IMR, U5MR, maternal mortality rates (MMR), literacy rates, nutritional status, access to water and sanitation, and other social indicators based on estimates collected more frequently than every 5 or 10 years. The current system of data collection and feedback is clearly not responsive enough for a rapid appraisal of progress and constraints. New and innovative ways of monitoring and evaluating the attainment of goals for the Fourth Development Decade will need to be devised to ensure rapid course correction and remedial action.

For over a decade now, the international development community has been expressing serious reservations about the primacy of the GDP as the principal measure of a country's level and pace of development. If human development is accorded the first place in the 1990s, the international community under the leadership of the United Nations should take bold measures to help develop more universally acceptable social indicators of development. UNICEF would propose the use of the national U5MR as a particularly sensitive indicator, with its average annual rate of reduction as the corresponding "speedometer" of the rate of progress. In addition, other basic indicators such as literacy rates, life expectancy, access to water and sanitation, nutrition surveillance data, should be strengthened, refined and used to monitor the achievements of the Fourth Development Decade.

VI. PROCESS OF STRATEGY FORMULATION

As requested by the Executive Board, this report will be followed in 1990 by another which will include a UNICEF operational strategy for contributing to the implementation of the goals and strategies for the 1990s as eventually approved by the UNICEF Executive Board, by the General Assembly in its deliberation on the international development strategy for the Fourth Development Decade, and as a result of consultations with Governments during the course of 1989.

The following actions will be undertaken as a follow-up to this report.

Participation in the preparatory process for the Fourth UN Development Decade

At the end of 1988, the General Assembly began the formal process of deliberations for a possible international development strategy for the Fourth Development Decade. Under the coordination of the Secretary-General and the Director-General, UNICEF will be actively participating in the preparatory process, particularly for areas related to the needs of children, as well as overall human development issues.

UNICEF is already actively involved in the various fora in the UN where preparatory work is being done for the Fourth Development Decade and related issues. These include inter-agency discussions in the Administrative Committee on Coordination (ACC), the Senior Officials meetings, the ACC Task Force on Long-Term Development and its Committee on Operational Activities (where UNICEF has proposed a review of the role of operational activities in the Fourth Development Decade). Consultations are also being held with the UN Department of International Economic and Social Affairs (DIESA), WHO, UNESCO, the World Bank, the United Nations Development Programme (UNDP) and other multilateral organizations which are themselves working on long-term development goals for the 1990s. The purpose of UNICEF participation in these deliberations is to coordinate its plans with those of the

rest of the United Nations system and to bring up the needs of children in particular, and social and human development in general, in the formative stages of the Fourth Development Decade.

Regional and subregional consultations

The regional Economic and Social Commissions of the UN have been asked to help formulate the goals and strategies for the Fourth Development Decade from the perspective of their geographic regions. UNICEF is participating in these consultations, which have been organized by the regional Commissions for this purpose. It is the strong conviction of UNICEF that the goals for the Fourth Development Decade must grow out of regional and subregional consultations and an examination of country-specific realities.

Besides the regional structures of the UN, other existing regional and subregional institutions, for example the SAARC, the Association of South-East Asian Nations (ASEAN), OAU, the League of Arab States, the Caribbean Community (CARICOM) and others will be consulted in formulating the goals for children, which will then be fed back to the UN.

As suggested at the 1988 session of the Executive Board, UNICEF will convene several regional groups of experts in Asia, Africa, the Middle East, and Latin America and the Caribbean to examine the present report and recommendations, as approved by the UNICEF Executive Board. These independent groups will analyze the applicability and feasibility of the global goals, targets and strategies in their respective regions. They might also propose additional goals and strategies. The views of these expert groups will be brought into the process of formulating regional and global goals and strategies.

Country-specific consultations

The global goals suggested in this paper and in other proposals for the Fourth Development Decade need to be considered on a country-by-country basis and translated into national goals, with their own target dates, standards and the addition of other country-specific objectives. Some of the global goals, at this stage, do not lend themselves easily to measurable targets for example, goals related to early child development and protection of children in especially difficult circumstances may be more easily and appropriately quantified at the national level.

UNICEF will collaborate with the UN Resident Coordinator, with other agencies of the UN system, and with national government counterparts to convene consultations for the national adaptation of these international goals and strategies. Where appropriate, NGOs, academicians and leaders of the private sector will be invited to participate in these consultations.

During the course of 1989, UNICEF representatives will be requested to analyze the feasibility of implementing the proposed goals for children in the 1990s in each country and to suggest country-specific targets and strategies. Feedback from this exercise will be reflected in the Executive Director's report and recommendations to the Executive Board at its 1990 session.

VII. UNICEF EXECUTIVE BOARD DECISION 1989/5

On the recommendation of the Programme Committee,

The Executive Board,

Recognizing the important work being done to define the goals and key elements of the strategy for children in the 1990s,

1. *Encourages* the Executive Director to use the ideas contained in document E/ICEF/1989/L.5 as a basis for the global strategy for the well-being of children and for consultation with Governments and other partners in development, as well as to serve as UNICEF input into the formulation of the international development strategy for the proposed Fourth United Nations Development Decade, 1991-2000;

2. *Authorizes* the Executive Director to prepare an operational strategy for UNICEF to guide its activities and to help implement the national strategies in the context of the UNICEF country programme approach. The proposed operational strategy, which should be more widely integrated and harmonized within the United Nations system, will be submitted to the Executive Board at its 1990 session and, subject to Board approval, will be reflected in the Medium-term plan and country programme recommendations to be submitted to the Board in 1991 and thereafter;

3. *Encourages further* the Executive Director to continue to analyze those factors that have an important bearing on the situation of children, to consider the long-term impact of the proposed actions and interventions and to include in the elaboration of the strategy for children the strengthening of the countries' capacities to promote the well-being and development of children;

4. *Requests* the Executive Director to give increased attention to sustainability and integration of complementary activities to secure not only survival, but development and protection of children, including disabled children, and, in this context, to give particular attention to the further development of primary health care systems, safe motherhood activities, birth spacing, water supply and sanitation, as well as to basic education, with specific emphasis on female education, in accordance with the UNICEF mandate;

5. *Urges* that global targets adopted by the Board be translated as appropriate into national and regional development programmes that take into consideration the specific needs and priorities and the constraints in human and financial resources, as well as the policy initiatives and institutional changes needed at the country level.

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